BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM								SERIAL NO. FILING DATE						
FEE CALCYLA ATION SHEET												LICHAR DATE		
(FOR USE \ H FORM PTO-875)								NT(S,	 		<u> </u>			
CLAIMS														
	ASF	ILED		TER	AFTER			1		AF	AFTER			
			I AMENDMENT		2 AMENDMENT]	AS F	AS FILED		I AMENDMENT.		AFTER	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
2	1	1	'	 , - 			51					AVD.	DEIL.	
3		$\hat{\mathcal{L}}$	· · · · · ·	 /, 			52 53	 	 	• '				
4		3					53	 	 i					
5	ļ.,						55	 			 			
7		8)	<u>-</u>				56							
8		*					57							
9		*					58							
10				1			59 60	 						
11		Υ		7/			61	1		·				
12 13							62							
14							63							
15							64							
16							65	 						
17							67			I				
18 19		·					68				·			
20							69							
21					<u> </u>		70							
22							71 72		·					
23							73							
24 25							74							
26							75							
27							76 77							
28							78							
29							79	<u> </u>						
30 31							80							
32							81							
33							82 83							
34							84							
35							85							
36 37							86							
38							87							
39.							88 89		J		[
40						•	90	 						
41.							91				 }			
42							92							
43							93							
45						——————————————————————————————————————	94 95	 	— <u> </u>					
46							96	-		∤				
47							97							
48 49							98							
50_						` [99			$ \Box$				
			,				100							
OTAL IND.		. *		*		*	TOTAL IND.		*		#		♣	
TOTAL		<u></u>	/U,	7			TOTAL DEP		•		<u> </u>		•	
CLAIMS			//				TOTAL CLAIMS							
PŢO - 1360 (REV. 1(/04)		<u>-</u>			· · · · · · · · · · · · · · · · · · ·		t P	I.S. DEPART!	MENT of COI demark Offic	MMERCE	•		